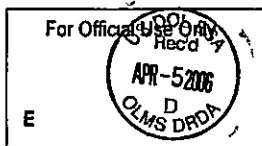


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10913</u>	2 Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>05</u> Through <u>12</u> / <u>31</u> / <u>05</u>
3 Name and address of person filing Name <u>JOSEPH P BOURGEOIS</u> P O Box Bldg Room No if any Street <u>20728 LEE CT.</u> City <u>GROSSE POINTE WOODS</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>48236</u>	4 Name file number and address of labor organization Name <u>PIPEFITTERS LOCAL #636 U.A.</u> Labor Organization File Number <u>022479</u> P O Box Building and Room Number if any Street <u>30100 NORTHWESTERN HWY.</u> City <u>FARMINGTON HILLS</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>48334</u>
5 Position in labor organization <u>FINANCIAL SECRETARY</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount
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Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Joseph P Bourgoin

On 3-25-06
Date

248-538-6636
Telephone Number

Name of Person Filing <u>JOSEPH P BOURGEOIS</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name PIPEFITTERS #636 DEFINED CONTRIBUTION PENSION PLAN
Trade Name if any _____
P O Box Bldg Room No if any _____
Street 30700 TELEGRAPH RD SUITE 4601
City BINGHAM FARMS
State MICHIGAN ZIP Code + 4 48025

9 Business deals with

- ☐ a Labor Organization
☒ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name PIPEFITTERS #636 DEFINED CONTRIBUTION PENSION PLAN
Trade Name if any _____
P O Box Bldg Room No if any _____
Street 30700 Telegraph Rd. SUITE 4601
City BINGHAM FARMS
State MICHIGAN ZIP Code + 4 48025

11 a Nature of such dealing

ADVANCED TRUSTEE INSTITUTE
1 FEB - ORLANDO FLA
2-12-05 - 2-16-05

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

RE-IMBURSEMENT OF EXPENSES
TO ATTEND CONFERENCE.
AIR
HOTEL
MEALS

12 b Amount \$1672.40

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
Trade Name if any _____
P O Box Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

FORM LM-30
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EMPLOYEE REPORT

ATTACHMENT

To the best of my knowledge this report contains all items which require disclosure
However, if something should come to my attention I will amend this filing